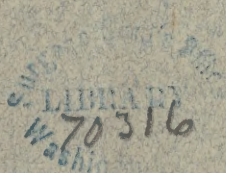


PIFFARD (H.G.)

THE TREATMENT
OF THE
SCROFULIDES
(LUPUS.)

BY
HENRY G. PIFFARD, A.M., M.D.

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NOTICE.

The PRACTITIONER for January contains a MEMOIR of the late DR. ANSTIE, by DR. BUZZARD, with a PORTRAIT engraved on Steel by C. H. JEENS; also a GENERAL INDEX to Vols. 1 to 12 of this Journal.

In order to admit this Memoir without interfering with the usual contents of the Journal, this number contains 96 instead of 80 pages.

This number also contains the following Papers:—

On the Use of Liquor Bismuthi for Hæmorrhoids and Prolapsus Ani. By Prof. CLELAND, of Galway.

Report on the Treatment of Quinsy.

On the Physiological Action of Alcohol. By the EDITOR.

Arnica as a Local Application. By J. FAYRER, C.S.I., M.D.

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ANNOUNCEMENTS FOR 1876.

The PRACTITIONER for 1876 will contain two new features. First—The Treatment adopted by practitioners throughout the country in various Diseases will be ascertained by means of circulars, and the results presented in a tabulated form, so that the reader may at once see the lines of treatment most generally followed, and compare them with the one he himself pursues. Circulars regarding Quinsy have been already sent out, and the results will appear in the January number.

Secondly—Our readers will have an opportunity of becoming better acquainted with the Treatment employed abroad, as several of the most distinguished Continental Physicians have obligingly consented to contribute original articles to THE PRACTITIONER. Among the Papers which will shortly appear may be mentioned:—

Unpublished Researches on Alcohol. By Dr. ANSTIE.

On the Nature of Fever. By Prof. BURDON SANDERSON.

On Febrifuges. By Prof. BINZ, of Bonn.

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On the Treatment of Syphilis. By Prof. SIGMUND, of Vienna.

On the Treatment of Headache and Constipation. By Dr. WINTERITZ, Docent in the University of Vienna.

Papers will also appear on subjects of practical interest by Dr. VON ZIEMSEN, Professor of Medicine in the University of Munich, and Dr. DUCHEK, Professor of Medicine in the University of Vienna.

In the Department of Public Health will appear a Paper on Cholera in Syria, by Prof. VON PETTENKOFER, of Munich; and on Contagion and Miasm, by Prof. STRICKER, of Vienna.

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THE TREATMENT
OF THE
SCROFULIDES (LUPUS).

BY HENRY G. PIFFARD, M. D.,

*Professor of Dermatology, University of the City of New York, Surgeon
to the Charity Hospital, etc.*

BELIEVING that Lupus is essentially a scrofulous affection, I have adopted the nomenclature and classification of HARDY, who arranges the different varieties as follows:

Erythematous Scrofulide.

Corneous “

Pustular “

Tubercular “

Phlegmonous “

For a graphic description of the clinical features of these affections, the reader is referred to HARDY's original memoir,¹ or to the writer's translation of the same.² Their histology I have recently considered elsewhere,³ and shall devote the present paper to the question of their treatment.

The intractable nature of these affections, and the dis-

¹ *Leçons sur la Scrofule et les Scrofulides, etc.*, Paris, 1864.

² *New York Medical Gazette*, Dec. 5th, 1868, *et seq.*

³ *New York Medical Journal*, August, 1875.

figurements which they frequently produce, invest this portion of their history with an intense practical interest, and lead me to present somewhat at length, the views of those who are able to speak advisedly upon the subject.

The *internal* treatment should be that which is advisable in scrofula generally, and need not be considered in detail. Arsenic, though praised by some, has not appeared to me to influence the course of the disease in the slightest degree. Repeated and prolonged trials of both Fowler's and Donovan's solution (liq. hydrarg. et arsen. iodidi) have always caused me to regret the time lost in using them. The most appropriate internal treatment, however, is rarely, if ever, capable of removing the existing lesion, its sole office being, by bringing the general system into a more normal condition, to facilitate the action of external applications, and to diminish the chances of relapse, and it is to the *external* treatment, that we must mainly look for the cure of the affection.

If we remember that the natural tendency of these affections is to extend indefinitely, and almost invariably to leave cicatrices, the indications for treatment are perfectly plain; namely, to check the spread of the eruption, and to cure the existing lesion with the least possible scarring. The details of treatment will vary with the particular variety under notice, and will be considered in the order in which they have been given.

TREATMENT OF THE ERYTHEMATOUS AND CORNEOUS SCROFULIDES (*Lupus Erythematosus*).—KAPOSI recommends frequent frictions with the *spts. saponatus kalinus*,¹ and states

¹ R

Saponis viridis, lb. ij.

Alcohol, lb. j.

M. Let it stand for twenty-four hours, filter and add *spts. lavendulæ*, oz. ij.

that he has thus caused the lesion to disappear with leaving the slightest trace. I have had the same happy result follow the use of glacial acetic acid applied bi- or tri-weekly. Both of these applications act superficially and without producing an eschar, and seem to effect their purpose by causing absorption. I have likewise had excellent results follow repeated and energetic frictions with the following:

R

Saponis viridis, oz. viij.

Glycerini.

Olei cadini. aa. oz. ij.

Ol. rosarum. q.s.

M.

These preparations should be used in preference to stronger caustics, which, destroying tissue, would necessarily be followed by a cicatrix. The only objection to this treatment is the length of time required. In a few more fortunate instances a cure may result in a few weeks from twenty or thirty of the frictions, or applications of the acid, but commonly their use must be prolonged for several months. These means are admirably adapted to recent patches, and may result, as observed by KAPOSI and myself, in perfect cure. If, however, the eruption has already existed for some time, and portions of it, especially the central and older parts, begin to exhibit atrophic changes, it will be vain to hope for recovery without cicatrix. Under these circumstances the centre of the lesion may be left to take care of itself, and attention be confined to the periphery, that is, to the advancing border. If the preparations spoken of do not appear to act with sufficient vigor, the pure *sapo viridis* may be substituted for them,

applied daily with friction, or spread upon a piece of linen, and left in contact with the parts for several hours. If the green soap cannot be readily obtained, a solution of caustic potassa, 25 per cent., to 50 per cent. may be used instead, applied once a week or at more distant intervals according to the effect produced. The acetic acid and sol. of potash are usually applied with a camel's-hair brush or a glass rod. Both of these methods, however, are objectionable, as they are apt to deliver an excess of the fluid, which runs over and injures healthy parts. A much better way is to employ a small hard-rubber probe around the end of which a little cotton-wool has been wrapped. Stronger caustics than these mentioned are rarely required, unless speedy destruction of the lesion is necessary; in which case *potassa cum calce* or chloride of zinc may be employed. When the lesion is small and its early extinction desired, I prefer removing it (*ægroto volente*) by excision.

DUBINI,¹ and more recently VOLKMANN,² prefer to remove the infiltration by means of hundreds of fine punctiform scarifications. These are made with a small sharp-pointed knife to the depth of two millimetres. The punctured spots should be covered with lint well pressed on, to stop the bleeding, and left attached until it falls spontaneously. The operation should be repeated in from two to four weeks, from three to eight operations being usually sufficient. VOLKMANN says that no scarring results from the treatment. I have had no personal experience with this method in the erythematous scrofulide, but have used a modification of it in the next variety.

TREATMENT OF THE PUSTULAR SCROFULIDE.—The local

¹ Rapporto annuale dei Malati Cutanei dell' ospedale magg., Milano, 1865.

² Ueber den Lupus und seine Behandlung, Leipzig, 1870.

treatment of this variety is quite simple. As scarring is inevitable, we may attack the lesion with some vigor. If it be in an early stage, without much ulceration, I have had good results from linear scarifications, followed by green soap. When, however, there was considerable ulceration, it was formerly my custom to make a few superficial cauterizations with the liq. hydrarg. nitratis, followed by the application of a mercurial ointment (usually the protoiodide, ten grains to the ounce). NELIGAN¹ and WEISSE² have used with advantage the acetate of zinc. In this way the ulceration may sometimes be coaxed to heal, but the process is tedious, and the resulting cicatrix often unstable. Latterly, I am inclined to prefer more rapid and energetic measures, such as thorough cauterization with the chloride of zinc. The chloride exposed to the air until it has sufficiently deliquesced, is applied to the ulcer in a thin layer by means of a platinum spatula. It is then covered with a piece of lint cut to fit the part, and the whole left to itself until the eschar falls, which may not occur for a week or ten days. Upon removal of the crust healthy granulations will usually be apparent (and sometimes complete cicatrization), but if not the cauterization must be



FIG. 30.

repeated. In case the floor of the original is covered with large, uneven, and papillomatous granulations (*verrucous form*), it is best to remove them by thorough scraping with the "sharp spoon" (Fig. 30), an instrument specially recommended in this connection by VOLKMANN. It is also

¹ A Practical Treatise on Diseases of the Skin, Am. Ed. Phila., 1860.

² Am. Jour. of Syph. and Derm., vol. I. p. 316.

well to give the edges a good scraping with the spoon. The morbid tissue yields more readily than the healthy, and a considerable portion of the disease may be thus removed mechanically. When a somewhat level surface has been obtained, apply the zinc in the manner described, and, after the fall of the crust, repeat the operation if necessary.

TREATMENT OF THE TUBERCULAR SCROFULIDE WITHOUT ULCERATION, OR WITH SUPERFICIAL ULCERATION.—If ulceration has not yet occurred, we have several methods of treatment from which to choose. The indications are to check the spread of the lesion, and to do so with the least scarring. Excision may be practiced, and is to be preferred if the lesion is limited and there is sufficient extensibility of the surrounding skin to permit of coaptation of the edges of the wound, so that we may hope for a linear cicatrix. If the lesion is small and quite superficial, it may be readily removed with the skin-grafting scissors (Fig. 22). Excision to be effectual must be thorough, both as to depth and extent. As the morbid deposit in this variety, rarely extends beneath the subcutaneous tissue, and usually ceases at the lower part of the corium, no difficulty will be experienced in this direction; but the infiltration is apt to extend laterally for some distance beyond the points at which the disease is evident, and consequently the incisions should be made at least two or three millimetres beyond the apparent limit of the lesion; otherwise a speedy return of the trouble may be anticipated. If the situation of the disease or the condition of the parts renders excision undesirable, the tubercles may be destroyed with nitrate of silver. This method is largely practiced in Vienna, and consists in boring into the diseased

tissue with a sharpened point of fused nitrate. The points of silver prepared by SQUIBB, to which he adds a little chloride, to make them harder, are admirably adapted to this purpose. Many of the tubercles, or rather papules, are quite small, and boring into them with the ordinary caustic points inflicts unnecessary pain and injury upon the adjacent healthy tissues. To obviate this, I have for several years used a probe made of irido-platinum,¹ of the form and size shown in Fig. 31. The point of the needle is



FIG. 31.

dipped in fused nitrate (SQUIBB's is better for this purpose than the pure), a thin layer of which immediately congeals around it. As soon as it is cold, a second or a third dipping will increase the deposit of silver sufficiently. With these needles quite small punctures may be made, and are less painful than those made with the ordinary silver stick. Instead of nitrate of silver, nitrate of zinc may be employed. It is used in exactly the same manner as the silver but is a much more energetic caustic. If the irido-platinum needles are not at hand, ordinary straight surgeon's needles may be used, but are not so convenient and are soon destroyed. Actual or galvano-cautery may be employed, but possess no advantages over simpler measures, except the opportunity they afford for display.

Lastly, the disease may be destroyed by means of arsenical paste. HEBRA speaks of this method so enthusiastically that I shall give his description in full. The formula employed is :

¹ Pure platinum needles would be too soft and flexible.

R

Acidi arseniosi, gr. xx.

Cinnabaris, dr. j.

Ungt. rosæ, oz. j.

M.

The paste should be thinly spread upon linen, which is cut in narrow strips and accurately applied to the affected part. It is then covered with lint and held firmly in place with adhesive plaster. It is left in position for twenty-four hours, when a fresh application is made without previous washing. At the end of another twenty-four hours it is again applied. During the first day the parts to which the application has been made, present very little alteration and are not very painful. At the end of the second day of treatment, however, the pain increases, and when the plaster is removed, the tubercles are found to have a grayish color and macerated aspect. After the third application the pain becomes still more severe, and the integument surrounding the lupus patch becomes the seat of considerable œdema. On removing the plaster at the end of the third day, all the tubercles, both large and small, are found reduced to the condition of a brownish-black eschar, and covered with a thin pus. The eschars correspond to each tubercle, and are sharply defined by the intervening healthy skin. The pain ceases quickly and completely, and the œdema disappears in two or three days. The great advantage of this arsenical paste consists in its not injuring or even excoriating the healthy skin, while the morbid tissue is safely and thoroughly destroyed.

The little sloughs, which are as numerous as the pre-existing tubercles, are loosened by suppuration, and removed in five or six days, leaving small holes separated

from each other by islets of healthy skin. Cicatrization is rapid, and the resulting scar not very noticeable.

Sometimes two applications are sufficient; or again, if the tubercles are large and covered with thick epidermis, two or more courses may be necessary. Arsenical poisoning has not occurred in any of the hundreds of cases treated by HEBRA in this manner.

If the tubercles have already *ulcerated*, they may sometimes be coaxed to heal, as already stated, by stimulating applications of acetate of zinc and the like; but it is better to excise, subject to the restrictions above noticed. If excision is contra-indicated, the ulcer and its margin may be well scraped with the sharp spoon, and then cauterized with the chloride of zinc, or a mixture of equal parts of caustic lime and caustic potash made into a paste with absolute alcohol. The fall of the slough will usually reveal a healthy ulcer with a tendency to heal. I much prefer caustics, to the simply stimulating applications, as the latter have in my hands more frequently produced an effect opposite to the one desired.

In the *hypertrophic* form, excision when convenient, or destruction by the actual or galvano-cautery or by electrolytic needles, seems to be the most reliable method; but never having had this variety under treatment, I cannot speak from personal experience.

TREATMENT OF THE TUBERCULAR SCROFULIDE WITH DEEP ULCERATION.—This form demands the most prompt and energetic treatment. In the previous varieties it was at most a question of disfigurement, but in this it is a question of life and death, for if the destructive processes are not checked, a fatal result is by no means rare. In this condition there is but one method to be relied upon, and

this is excision followed by cauterization. In recent cases this presents no difficulty; but when the disease has already advanced to a considerable extent, and the bones have commenced to suffer, the indications are not so easy of fulfillment. These cases were formerly regarded as incurable, and active measures were not recommended. Mr. MOORE, however, in his admirable monograph upon *rodent cancer*¹ as he terms the affection, has demonstrated the possibility of curing cases characterized by a very extensive destruction of deep tissues, cases which would usually be regarded as hopeless. His plan consists in removing the diseased parts as thoroughly as possible with the knife, and afterwards applying a layer of deliquesced chloride of zinc. The wound is then packed with cotton-wool, which is left in position till thrown off by suppuration and the formation of healthy granulations. Plastic operations may then be employed to remedy the deformity.

TREATMENT OF THE PHILEGMONOUS SCROFULIDE.—In the early stages and before suppuration has occurred, the nodules may sometimes be caused to disappear by the employment of frequent frictions with the ungt. iodi, or ungt. potassi iodidi; but if they have already softened and contain pus, this should be removed by a fine puncture and suction with a hypodermic syringe, with the subsequent instillation of a drop or two of iodine. This is much better than the free incision recommended by some, and is also better than leaving the lesion to take its own course, as in the latter case considerable scarring is inevitable. If the abscess has already opened and an ulcer formed, it should be freely stimulated, and perhaps cauterized with some of the agents already mentioned.

¹ "Rodent Cancer," London, 1867.

Lupus in its several varieties is far from being the intractable disease it was formerly considered, and, when properly managed, is in the majority of cases perfectly curable. It is only a question of time, patience, and the judicious selection of remedial agents adapted to the particular case under consideration.

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